

ENVIRONMENTAL TOUR - ATTACHMENT D

AFH AND LICENSEE NAME		LICENSE NUMBER
INSPECTION DATE	LICENSOR NAME	
INSPECTION TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up <input type="checkbox"/> Monitoring		

Medication Storage

- Locked (include any refrigerated medications):
- Medication pass observation:

Emergency Supplies:

- | | |
|-------------------------------------------------------------|-------------------------------------|
| • On-site 3 gallons of water per person living in the home: | • Emergency supplies: |
| • 72 hour emergency food supply to meet resident needs: | • Special diets: |
| • First aid kit with manual: | • Flashlights with extra batteries: |

Emergency Supplies:

- | | |
|----------------------------------------------------------------------------------------------------|---------------------|
| • Stairs/steps/ramps: | • Handrails: |
| • Safety: | |
| • Outside exit doors opens from the inside, without use of key, special knowledge or effort: | |
| • Non-potable water identified: | • Pets on premises: |
| • Body of water secure: (pools, ponds, hot tubs, etc.) | |
| • Septic tank: _____ Water supply: _____ Well drained site: _____ Free of dust, smoke odors: _____ | |

NOTES

	BEDROOM A	BEDROOM B	BEDROOM C	BEDROOM D	BEDROOM E	BEDROOM F
Resident # Living in Bedroom						
Safe						
Smoke Detector Works						
Located in Adjacent Hallway						
Heard Throughout House						
Side Rails Present						
Windows Open/Screens						
Unobstructed						
Doors Open Both Sides						
Unlocking Mechanism Available						
Space Heaters Not in Use						
Privacy Protected/Monitors						
Intercom/Call System						
Adequate Storage						
Special Equipment						
Clean						